

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	<del>ACROSS</del>		<del>AMENDMENT</del>		<del>AMENDMENT</del>	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2					
Total Depend	38					
Total Claims	40					

May be used for additional claims or amendments

	Indep		Depend		Indep		Depend	
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Total Depend								
Total Claims								